

**MULTIPLE DEFENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FD-570)**

CLAIM NO.
01270834
APPLICANT

FILED DATE
3-18-99

CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
6	1		1			
6		1		1		
7	1		1			
8		1		1		
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60						
TOTAL NO.	6		10			
TOTAL DEF.	19		19			
TOTAL	26		29			

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.						
TOTAL DEF.						
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